

In re Patent Application of:

Ruben et al.

Docket No.: PZ040P1

Application No.: 09/726,643

Confirmation No.: 2092

Filed: December 1, 2000

Art Unit: 1637

For: 26 Human Secreted Proteins

Examiner: A. Spiegler

RESPONSE UNDER 37 C.F.R. § 1.116

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed October 29, 2003, Applicants hereby request that the following remarks be entered into the above-captioned application. Applicants submit concurrently herewith: (a) a Fee Transmittal Sheet (in duplicate); and (b) Exhibit A (a copy of an executed declaration by Dr. George Komatsoulis, originally submitted August 27, 2003) under 37 C.F.R §1.132.

The list of pending claims starts on page 2.

The remarks start on page 9.

III 12 TO FEETR

Use in lieu of PTO/SB/17 (08-03)

<u> </u>	(Form updated to reflect FY 2004 fees effective 10/1/03)							
				Com	Complete if Known			
FEE TRANSMITTAL	ĺ	Application Number			∍r	09/726,643-Conf. #2092		
for FY 2004	Filing Date			December 1, 2000				
	First Named Inventor			Steven M. Ruben				
Effective 10/01/2003, Patent fees are subject to annual revision.	— İ	Examiner Name				A. Spiegler		
Applicant claims small entity status. See 37 CFR 1.27	ĺ	Art Unit				1637		
TOTAL AMOUNT OF PAYMENT (\$) 0.00	Attorney Docket No.).	PZ040P1		
METHOD OF PAYMENT (check all that apply)	FEE CALCL				CALCU	ILATION (continued)		
Check Credit Money Other None X Deposit Account:	3. ADDITIONAL FEES							
Deposit Deposit	Large Entity Small Entity							
Account 08-3425	Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Desc	cription	Fee Paid
Deposit		130	2051		Surabaras	lata filina fa	o or ooth	
Account Human Genome Sciences, Inc.	1051			65	Surcharge – late filing fee or oath Surcharge – late provisional filing fee or cover			-
The Director is authorized to: (check all that apply)	1052	50	2052	25	sheet.			
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English specification			
X Charge any additional fee(s) during the pendency of this application	1812	2,520	1812	2,520	For filing a request for ex parte reexamination			
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Requestin Examiner	ng publication of	of SIR prior to	
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after			
FEE CALCULATION	1251	110	2251	55	Examiner action Extension for reply within first month			
1. BASIC FILING FEE	1252	420	2252	210	Extension	for reply withi	n second month	
Large Entity Small Entity	1253	950	2253	475	Extension	for reply withi	n third month	
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension	for reply withi	n fourth month	
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension	for reply withi	n fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal			
1003 530 2003 265 Plant filing fee	1402	330	2402	165	•	ief in support o		
1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee	1403 1451	290 1,510	2403 1451	145 1,510	•	or oral hearing	l olic use proceeding	\vdash
·	1452	110	2452	55		n to revive – unavoidable		
SUBTOTAL (1) (\$) 0.00	1453	1,330	2453	665	Petition to	on to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issu	sue fee (or reissue)		
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design issue fee			
Total Claims 52 -75** = x = 0.00	1503	640	2503	320	Plant issu	Plant issue fee		
Independent 10 -14** = x = 0.00	1460	130	1460	130	Petitions to the Commissioner			
Multiple Dependent = =	1807	50	1807	50	Processin	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity	1806	180	1806	180		Submission of Information Disclosure Stmt		
Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40	property (Recording each patent assignment per property (times number of properties)		
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385		ling a submission after final rejection 7 CFR 1.129(a))		
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each	For each additional invention to be		
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385	examined (37CFR 1.129(b)) Request for Continued Examination (RCE)			
over original patent	1802	900	1802	900	Request for expedited examination			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		Other fee (specify)						
SUBTOTAL (2) (\$) 0.00							0.00	
**or number previously paid, if greater; For Reissues, see above								
SUBMITTED BY (Complete (if applicable))								
Name (Print/Type) Janet My. Martineau /		Registration No. (Attorney/Agent) 46,903				Telephone (301) 315-2723		
(Automotivident)						1.		
Signature Date Delember 2.							12,000	
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